



PART B - FEE(S) TRANSMITTAL

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28863 7590 08/30/2006

SHUMAKER & SIEFFERT, P. A.
 8425 SEASONS PARKWAY
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Mary Y. Redman (Depositor's name)
 Mary Y. Redman (Signature)
 11-28-2006 (Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/992,708	11/19/2001	Glen D. Caby	1023-011US01	7472

TITLE OF INVENTION: INTERNAL MEDICAL DEVICE COMMUNICATION BUS

APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1400	\$300	\$0	\$1700	11/30/2006

EXAMINER	ART UNIT	CLASS-SUBCLASS
MULLEN, KRISTEN DROESCH	3766	607-060000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- ☒ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. Form PTO/SB/122
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2. For printing on the patent front page, list

- (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,
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1 Shumaker & Sieffert

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3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment. 11/29/2006 HDEMSS2 00000064 132546 09992708

(A) NAME OF ASSIGNEE

MedTronic Physio-Control Corp.

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Redmond WA FC:1501 1400.00 DA
 02 FC:1504 300.00 DA

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☒ Corporation or other private group entity ☐ Government

4a. The following fee(s) are submitted:

- ☒ Issue Fee
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- ☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. ☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature

MARY YAWNEY REDMAN

Date

11-28-2006

Typed or printed name

Registration No.

27881

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